



Epigenetics Overview

Kim Boekelheide
Brown University

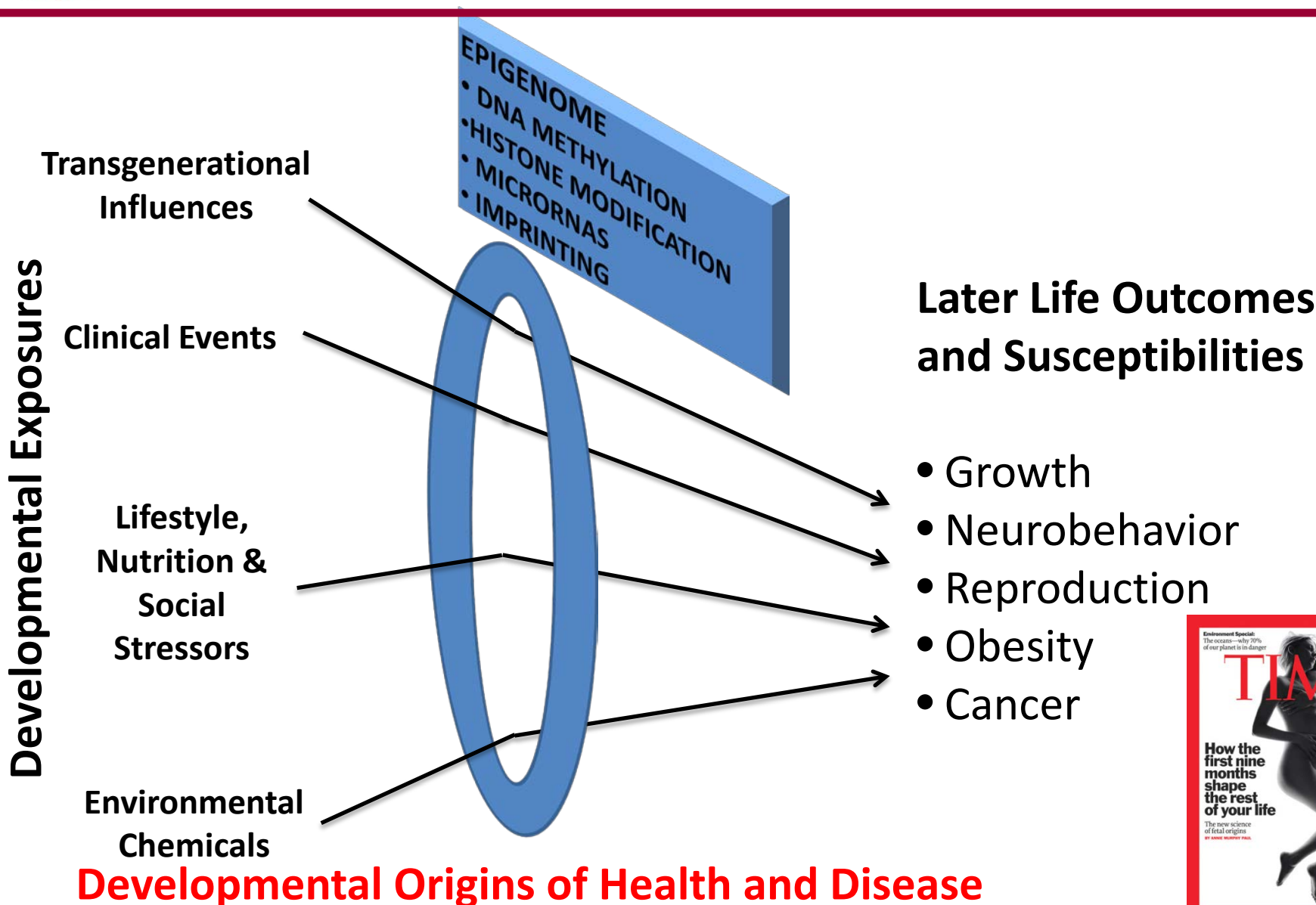
I have funding from NIEHS, USEPA, and the American Chemistry Council. I am an occasional expert consultant for chemical and pharmaceutical companies, and own stock in CytoSolv, an early stage biotechnology company developing a wound healing therapeutic.



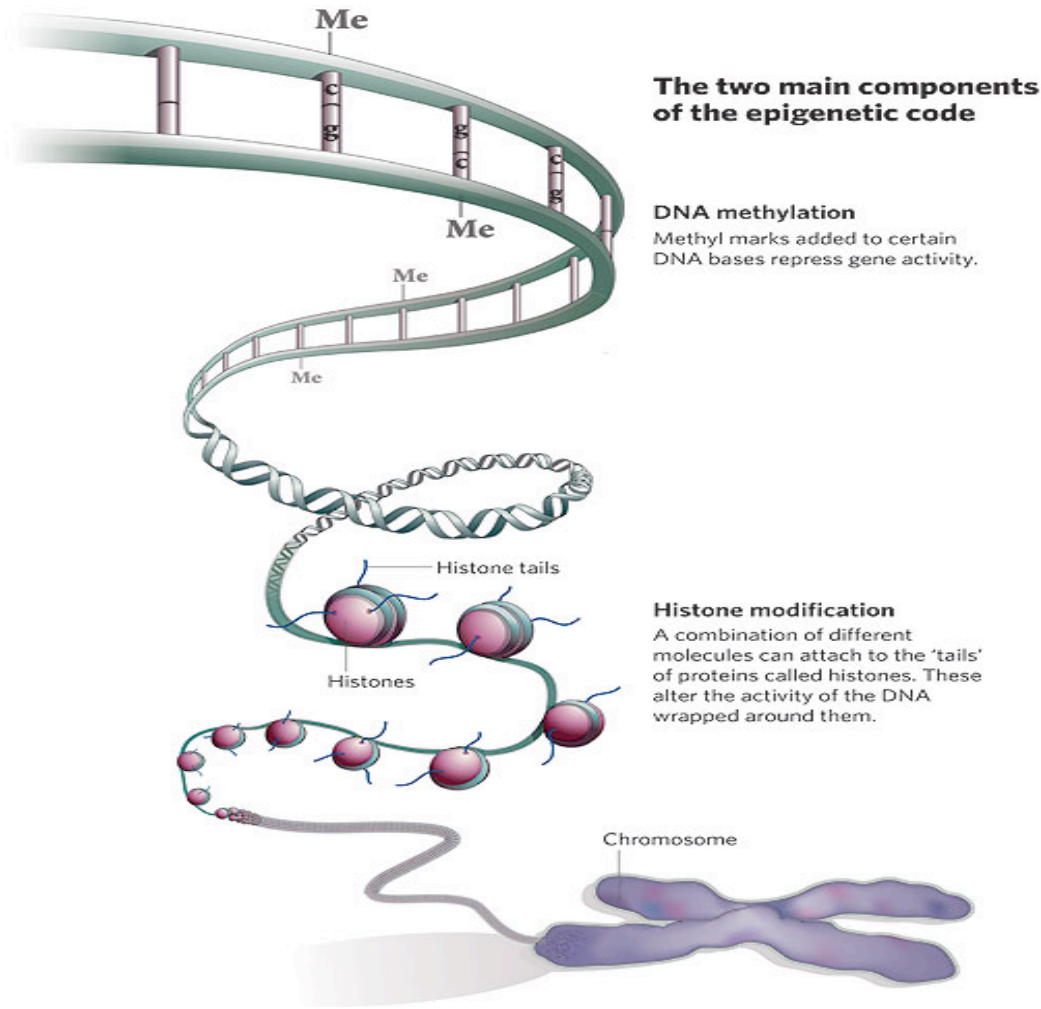
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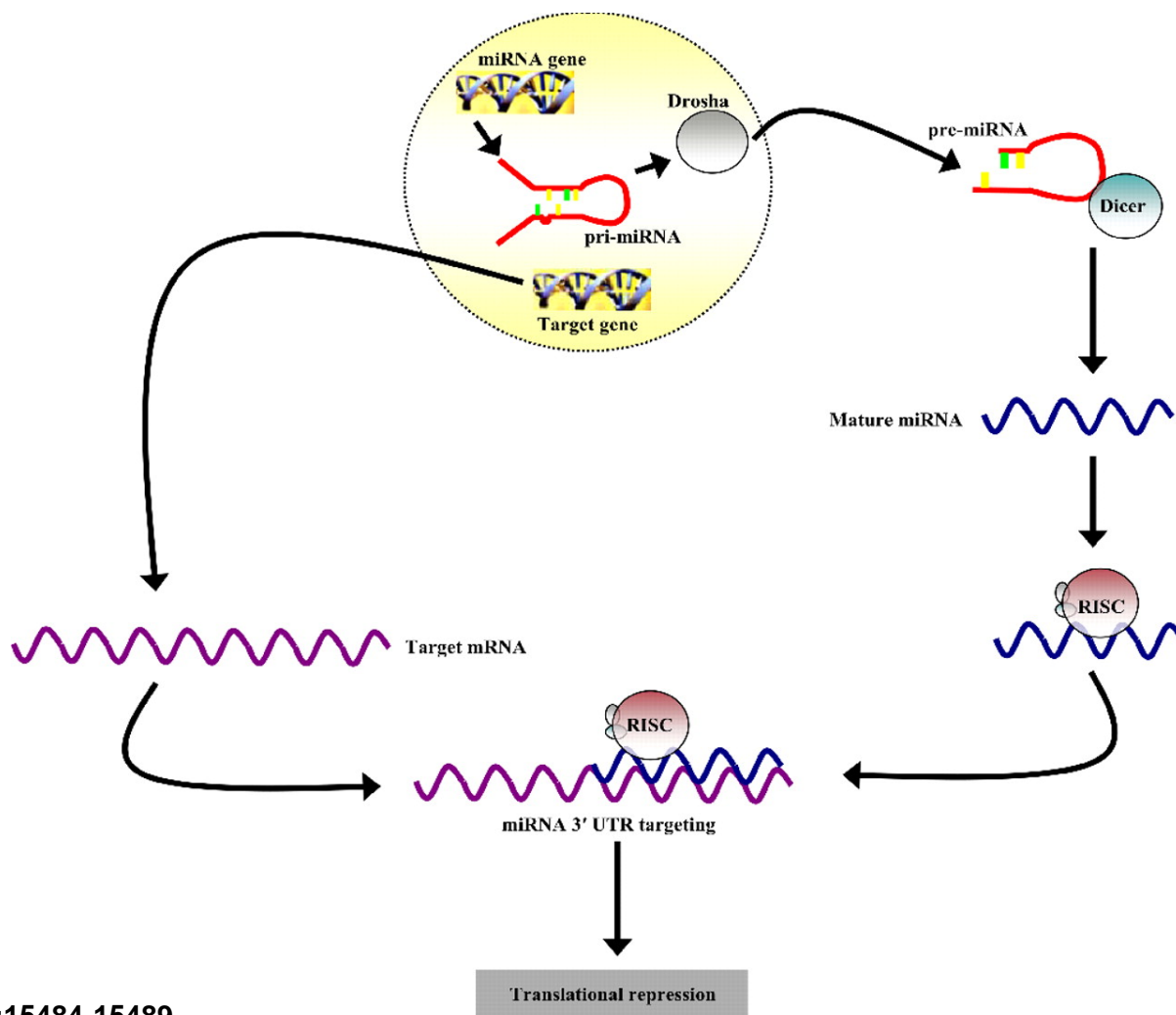
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**Cartoon depicting
the mechanism of
miRNA
transcription,
processing, and
regulatory activity.
miRNA genes are
transcribed by RNA
polymerase II to
form primary
miRNA (pri-miRNA)
molecules**

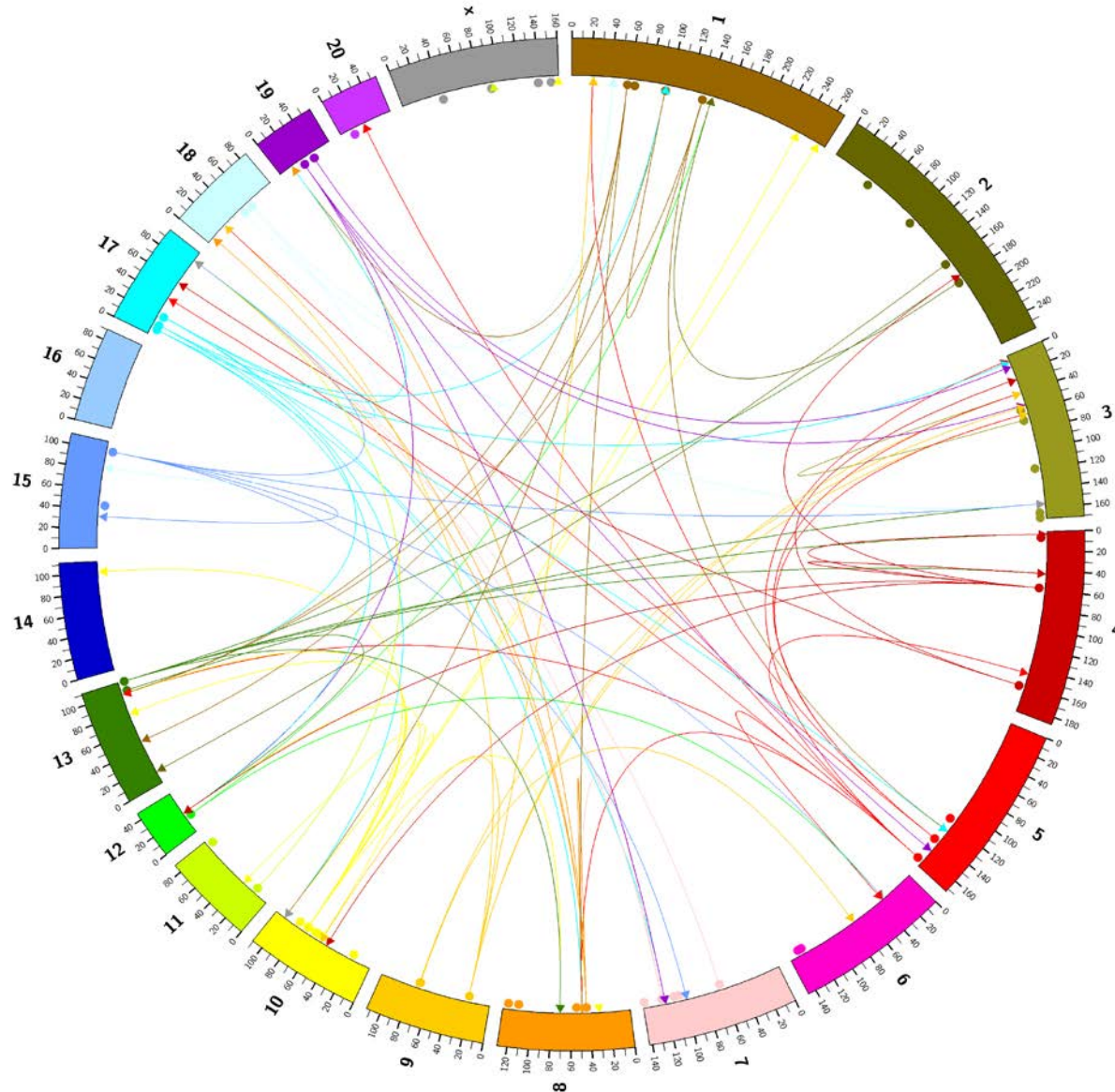




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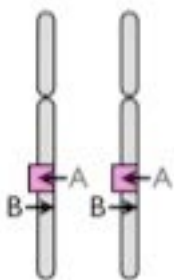


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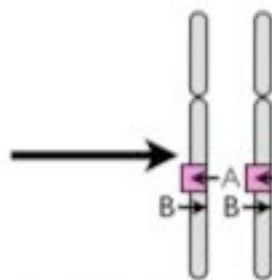


Female Adult

A active, B suppressed

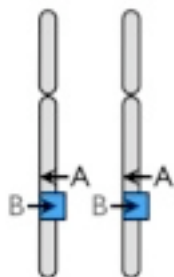


Egg

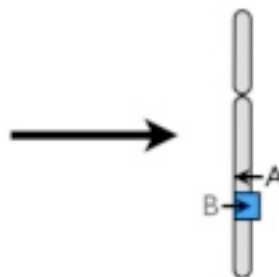


Male Adult

A suppressed, B active

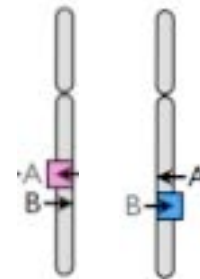


Sperm



Imprinting

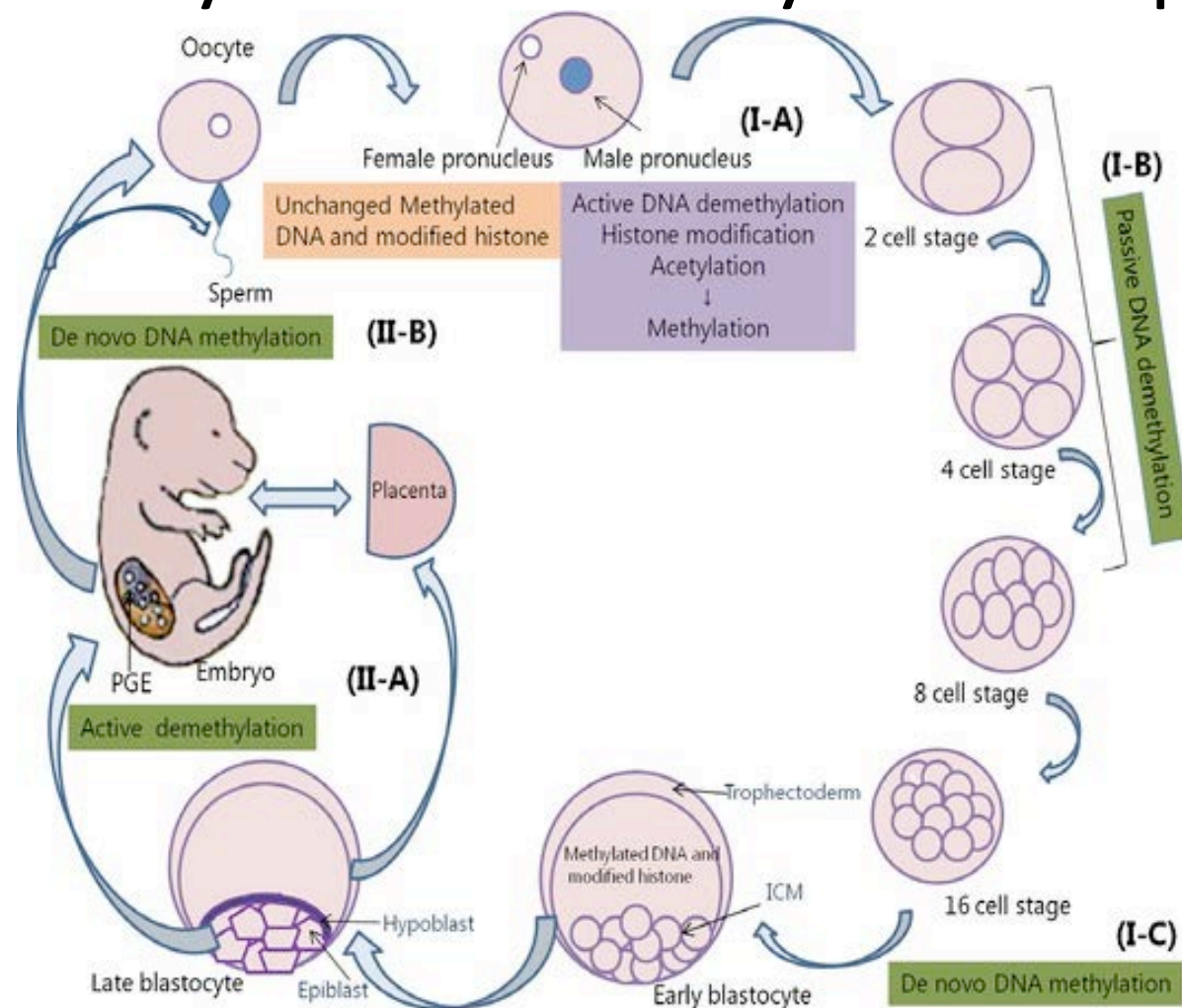
Zygote



Erasure and re-imprinting in the germ line according to the offspring sex

Allele A is paternally imprinted

DNA Methylation in Embryo Development





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Environmental Cue

e.g., Poor Nutrition

Developmental Plastic Stage
“prenatal environment”

Reduce energy demands
Increase capacity for fat storage
Less investment in muscle mass

Response

Alternative
Developmental Path

Future Actual Postnatal
Environment
e.g., High-Calorie Diet

Increased Disease Risk
Inappropriate PAR
MISMATCH

Future Actual Postnatal
Environment
e.g., Poor Nutrition

Low Disease Risk
Appropriate PAR
MATCH

Autumn 1944 – Western Holland was blockaded by the Nazis, who turned away all shipments. Led to a food shortage during one of Europe's coldest winters.

Nutrition and Chronic Disease

- The Dutch survived on < 500 calories/day - ¼ of pre-war consumption
- Food restriction in-utero had dramatic consequences to those born to mothers who survived the Hunger Winter
- Among >800 individuals born during the siege:
 - More obesity, diabetes, heart disease, higher blood pressure, hypercholesterolemia, and reduced glucose tolerance



Data suggests a link between in-utero deprivation, abundant nutrient supply after birth, and chronic disease – particularly heart disease.



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FIRST TRIMESTER

- CV Disease
- Hypertension
- Dyslipidemia
- Obesity

SECOND TRIMESTER

- Pulmonary Disease
- Renal Disease

THIRD TRIMESTER

- Diabetes
- Depression
- Schizophrenia
- Anti-Social
Personality Disorder



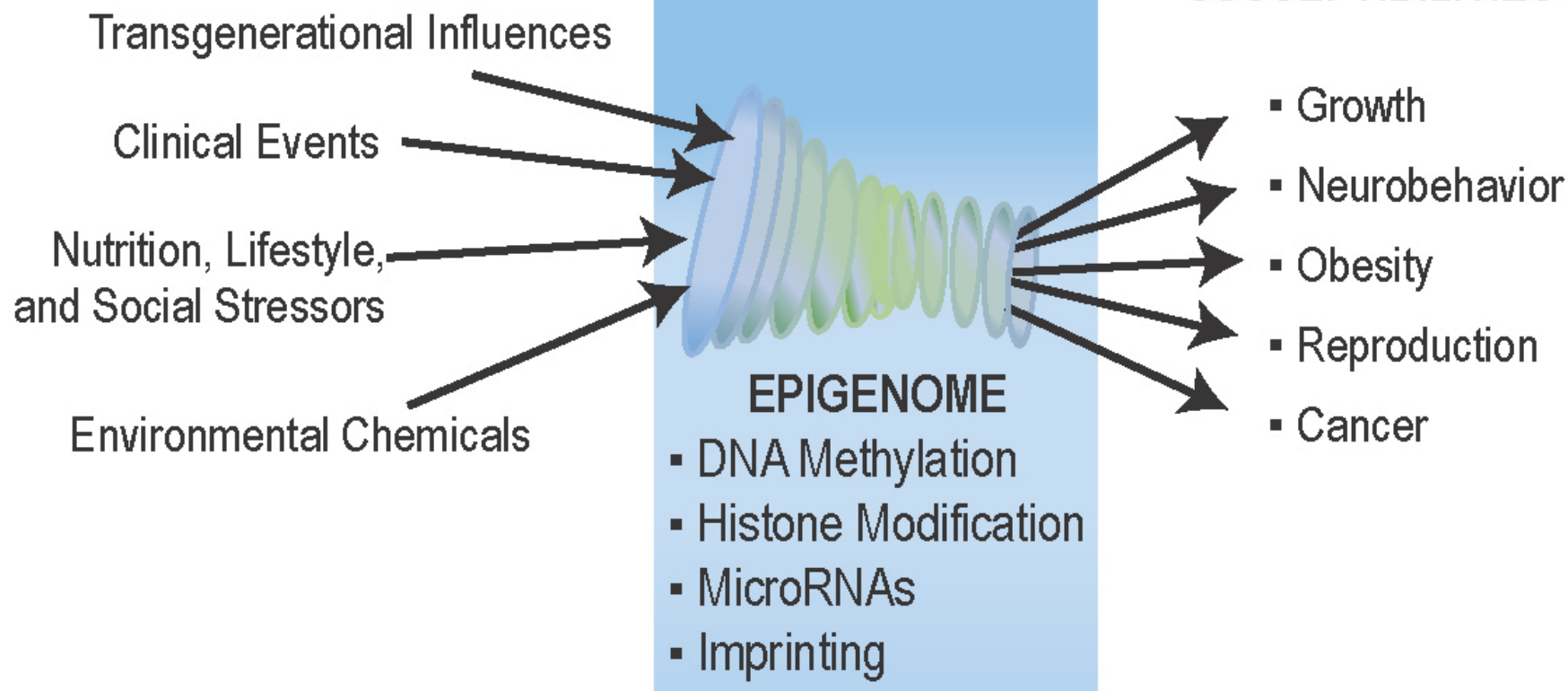
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DEVELOPMENTAL EXPOSURES

LATER-LIFE OUTCOMES AND SUSCEPTIBILITIES



- Dose considerations (non-monotonic effects, timing, tissue of exposure)
- Challenges and opportunities for epigenetic epidemiology
- Does an epigenetic change necessarily lead to an adverse effect?
- Quantitative validation following whole-genome analysis
- How can epigenetics biomarkers be used to identify mechanisms, so that we can treat the cause and not the symptom?
- Can epigenetic biomarkers be used as integrative measures of mixed exposures?
- How do we assess the volumes of information stored in the histone code?
- How do we prioritize the different epigenetic findings across the whole genome?
- What are the most critical developmental time points for producing a later life effect of an exposure?
- What are non-epigenetic mechanisms by which early life events alter adult disease risk, and are there early markers for these?
- How relevant is gender and tissue specificity?